

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

U T - 0 11-002

2. STATE:

UTAH

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.70

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ -0-  
b. FFY 2001 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATTACHMENT 4.19-B, Page 10

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Same

10. SUBJECT OF AMENDMENT:

Home Health Services

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Rod L. Betit*

13. TYPED NAME:

Rod L. Betit

14. TITLE:

Executive Director  
Department of Health

15. DATE SUBMITTED:

February 16, 2001

16. RETURN TO:

Rod L. Betit - Executive Director  
Department of Health  
Box 143102  
Salt Lake City, UT 84114-3102

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

March 5, 2001

18. DATE APPROVED:

*4/27/01*

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

*1/1/01*

20. SIGNATURE OF REGIONAL OFFICIAL:

*David Sellick*

21. TYPED NAME:

*David Sellick*

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

POSTMARK: February 28, 2001

42 CFR  
440.70

J. HOME HEALTH SERVICES

Home Health services are paid a uniform fee per visit unless either a lower amount is billed or a contract rate is competitively bid and accepted by the State. The uniform fee is established statewide and will be the same for all providers. The fee schedule may be increased to reflect changes in economic trends and conditions.

Rural Area Exceptions

Where travel distances to provide service are extensive, enhancements in the home health reimbursement rates are provided. These enhancements are available only in rural counties where ~~round trip~~ <sup>one way</sup> travel distances from the provider's base of operations are in excess of 25 miles. Rural counties are defined as counties other than Weber, Davis, Salt Lake, and Utah counties. In instances of travel of ~~25~~ <sup>30</sup> miles or more, the Home Health fee schedule is multiplied by 1.75 to calculate the payment rate for applicable service codes.

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T.N. No. 01-002  
Supersedes  
T.N. No. 37-87

Approval Date 04/27/01

Effective Date 01/01/01